

Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	PCT/FI2004/050110
Filing Date	July 1, 2004
First Named Inventor	Vesa Ahvenniemi
Title	Equipment for Leading a Web...
Group Art Unit	
Examiner Name	
Attorney Docket Number	METSO-47

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528	→	
<input type="checkbox"/>	Practitioner(s) named below:			
	Name	Registration Number		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified applications to:

☐ The above-mentioned Customer Number.

OR

→ ☐ Practitioner(s) named below:

OR

<input type="checkbox"/>	Firm or Individual Name				
	Address				
	Address				
	City	State	Zip		
	Country				
	Telephone	Fax			

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Vesa Ahvenniemi
Signature	<i>Vesa Ahvenniemi</i>
Date	Sep. 21, 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/>	*Total of	7	forms are submitted.
-------------------------------------	-----------	---	----------------------

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

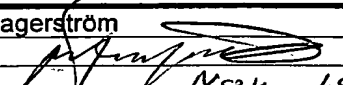
Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	PCT/FI2004/050110
	<b>Filing Date</b>	July 1, 2004
	<b>First Named Inventor</b>	Vesa Ahvenniemi
	<b>Title</b>	Equipment for Leading a Web...
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	METSO-47

I hereby appoint:			
<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528	
<input type="checkbox"/>	Practitioner(s) named below:		
	Name	Registration Number	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.			

Please change the correspondence address for the above-identified applications to:			
<input type="checkbox"/>	The above-mentioned Customer Number.		
<b>OR</b>			
<input type="checkbox"/>	Practitioner(s) named below:		
<b>OR</b>			
<input type="checkbox"/>	Firm or Individual Name		
	Address		
	Address		
	City	State	Zip
	Country		
	Telephone	Fax	
I am the:			
<input checked="" type="checkbox"/>	Applicant/Inventor		
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).		
SIGNATURE of Applicant or Assignee of Record			
Name	Bo Fagerström		
Signature			
Date	Nov. 16, 2005		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	*Total of	7	forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

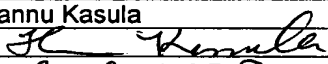
Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	PCT/FI2004/050110
	<b>Filing Date</b>	July 1, 2004
	<b>First Named Inventor</b>	Vesa Ahvenniemi
	<b>Title</b>	Equipment for Leading a Web...
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	METSO-47

I hereby appoint:			
<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528	
<input type="checkbox"/>	Practitioner(s) named below:		
	Name	Registration Number	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.			

Please change the correspondence address for the above-identified applications to:			
<input type="checkbox"/>	The above-mentioned Customer Number.		
<b>OR</b>			
<input type="checkbox"/>	Practitioner(s) named below:		
<b>OR</b>			
<input type="checkbox"/>	Firm or Individual Name		
	Address		
	Address		
	City	State	Zip
	Country		
	Telephone	Fax	
I am the:			
<input checked="" type="checkbox"/>	Applicant/Inventor		
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).		
SIGNATURE of Applicant or Assignee of Record			
Name	Hannu Kasula		
Signature			
Date	26.9.2005		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	*Total of	7	forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	PCT/FI2004/050110
	<b>Filing Date</b>	July 1, 2004
	<b>First Named Inventor</b>	Vesa Ahvenniemi
	<b>Title</b>	Equipment for Leading a Web...
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	METSO-47

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528	→	
<input type="checkbox"/>	Practitioner(s) named below:			
	Name	Registration Number		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified applications to:

<input type="checkbox"/>	The above-mentioned Customer Number.			
<b>OR</b>				
→ <input type="checkbox"/>	Practitioner(s) named below:			
<b>OR</b>				
<input type="checkbox"/>	Firm or Individual Name			
	Address			
	Address			
	City	State	Zip	
	Country			
	Telephone	Fax		

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Jorma Kinnunen
Signature	<i>Jorma Kinnunen</i>
Date	September 21 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	*Total of	7	forms are submitted.
-------------------------------------	-----------	---	----------------------

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	PCT/FI2004/050110
	<b>Filing Date</b>	July 1, 2004
	<b>First Named Inventor</b>	Vesa Ahvenniemi
	<b>Title</b>	Equipment for Leading a Web...
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	METSO-47

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528	
<input type="checkbox"/>	Practitioner(s) named below:		
	Name	Registration Number	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified applications to:

<input type="checkbox"/>	The above-mentioned Customer Number.
<b>OR</b>	
<input type="checkbox"/>	Practitioner(s) named below:
<b>OR</b>	
<input type="checkbox"/>	Firm or Individual Name
Address	
Address	
City	State Zip
Country	
Telephone	Fax

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Seppo Laine
Signature	<i>Seppo Laine</i>
Date	14 Nov. 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/>	*Total of	7	forms are submitted.
-------------------------------------	-----------	---	----------------------

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	PCT/FI2004/050110
	<b>Filing Date</b>	July 1, 2004
	<b>First Named Inventor</b>	Vesa Ahvenniemi
	<b>Title</b>	Equipment for Leading a Web...
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	METSO-47

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528	→	
<input type="checkbox"/>	Practitioner(s) named below:			
	Name	Registration Number		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

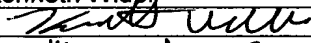
Please change the correspondence address for the above-identified applications to:

<input type="checkbox"/>	The above-mentioned Customer Number.			
<b>OR</b>				
→ <input type="checkbox"/>	Practitioner(s) named below:			
<b>OR</b>				
<input type="checkbox"/>	Firm or Individual Name			
	Address			
	Address			
	City	State	Zip	
	Country			
	Telephone	Fax		

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Kenneth Widell
Signature	
Date	November 7, 2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/>	*Total of	7	forms are submitted.
-------------------------------------	-----------	---	----------------------

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	PCT/FI2004/050110
	<b>Filing Date</b>	July 1, 2004
	<b>First Named Inventor</b>	Vesa Ahvenniemi
	<b>Title</b>	Equipment for Leading a Web...
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	METSO-47

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528	
<input type="checkbox"/>	Practitioner(s) named below:		
	Name	Registration Number	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.


Please change the correspondence address for the above-identified applications to:

<input type="checkbox"/>	The above-mentioned Customer Number.		
<b>OR</b>			
<input type="checkbox"/>	Practitioner(s) named below:		
<b>OR</b>			
<input type="checkbox"/>	Firm or Individual Name		
	Address		
	Address		
	City	State	Zip
	Country		
	Telephone	Fax	

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Juha Lipponen
<b>Signature</b>	
<b>Date</b>	27th Sept 2005 Järvenpää

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/>	*Total of	7	forms are submitted.
-------------------------------------	-----------	---	----------------------

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.